



FORM: NK-G02

APPLICATION FOR MUNICIPAL SERVICES (CHANGE OF OWNERSHIP)

The Parties to this Agreement are Nama Khoi Local Municipality, further referred to as NKLM and –

1 PARTICULARS OF APPLICANT

ERF NUMBER		ACCOUNT NUMBER		
NAME OF COMPANY		REGISTRATION NUMBER		
SURNAME		IDENTITY NUMBER		
NAME		PENSION NUMBER		
STREET ADDRESS				
		POSTCODE		
EMAIL				
AMOUNT OF YEARS AT CURRENT ERF				
WORK ADDRESS				
		POSTCODE		
TELEPHONE WORK		TELEPHONE HOME		
OCCUPATION		MOBILE NUMBER		
MARRIAGE STATUS	MARRIED	SINGLE	DIVORCED	WIDOW(ER)
MARRIAGE TERMS	IN COMMUNITY PROPERTY	OUT OF COMMUNITY PROPERTY WITH ACCRUAL	OUT OF COMMUNITY PROPERTY WITHOUT ACCRUAL	
BANKING DETAILS	BANK		BRANCH	
	ACCOUNT NUMBER		ACCOUNT TYPE	
VEHICLE REGISTRATION NUMBER		DATE SERVICES TO BE ACTIVATED		
LIST OF ACCOUNTS OTHER INSTITUTIONS	1.		ACCOUNT NUMBER	
	2.		ACCOUNT NUMBER	
	3.		ACCOUNT NUMBER	

2 PARTICULARS OF SPOUSE OR PARTNER

SURNAME		NAME	
IDENTITY NUMBER		MOBILE NUMBER	
NAME OF EMPLOYER		WORK ADDRESS	
WORK TELEPHONE			
VEHICLE REGISTRATION NUMBER			

3 CONSUMERS WITH AN INCOME OF LESS THAN R1,800.00/PM MUST COMPLETE THE FOLLOWING

INCOME OF HOUSEHOLD APPLYING FOR INDIGENT ASSISTANCE (Include all sources of income of the owner and spouse living on the property)			
NAME AND SURNAME			
ADDRESS			
		POSTCODE	
TELEPHONE WORK		TELEPHONE HOME	
MOBILE NUMBER			
ACCOUNT HOLDER'S SURNAME OR RESPONSIBLE OFFICER OF THE COMPANY APPLYING FOR THE SERVICES: IF NOT THE OWNER, TO WHOM DO YOU PAY YOUR RENT?			
NAME / COMPANY			

4 MUST BE COMPLETED BY THE OWNER/ AGENT/ TENANT OF LEASED PROPERTY (IF APPLICABLE)

SURNAME		NAME	
HOME ADDRESS			
ID NUMBER		SIGNATURE	
NAME OF EMPLOYER			
DATE			

5 DECLARATION BY APPLICANT

I / we declare that I / we agree to the conditions for the provision of the mentioned services as prescribed in the Municipality's by-laws and other applicable laws.

I / we certify that the information provided is correct.

I / we acknowledge that the Municipal By-laws are available during office hours.

I / we have received a copy of the Application Form and am / are aware of the further applicable conditions of supply as set out in the Annexure to the form.

CONSUMER / APPLICANT

ON BEHALF OF MUNICIPALITY

OFFICE USE ONLY

WATERMETER NUMBER		READING	
ELECTRICITY METER NUMBER		READING	
REFUSE		SEWERAGE	
DATE OF READING		SIGNATURE	
METER READER			